ADULT STUDENT REGISTRATION FORM

Virginia DEPARTMENT OF EDUCATION

RELEASE OF INFORMATION

By participating in this local, state, and federally sponsored Adult Education program, I agree to the release of my information, including social security number, if provided, to the Virginia Department of Education (VDOE). **Required information for learner participation is indicated with an asterisk (*)**. This information may be used for research and analysis purposes during this year or future years. VDOE and the local program provide security for this information. Unless otherwise noted, only VDOE or the local program will have exclusive access to this information.

Signature _____   Date _____

DEMOGRAPHIC INFORMATION *(PLEASE PRINT CLEARLY)*

REGISTRATION DATE* _____   Social Security Number _____

DATE OF BIRTH* _____

RELEASED FROM COMPULSORY ATTENDANCE* ☐
(Required for anyone under 18 – official documentation must be provided)

LAST NAME* _____

FIRST NAME* _____

MIDDLE NAME/INITIAL _____

Address _____

Address _____

Apt. # _____

City/County _____

State _____

ZIP CODE* _____

AREA *(Check One)**   Rural ☐   Urban ☐

Home Phone _____

Work Phone _____

Other Phone _____

Email Address _____

LAST GRADE COMPLETED* _____

Country of Origin _____

How did you hear about the program? _____
_____

GENDER *(Check One)**
- ☐ Female
- ☐ Male

RACE & ETHNICITY *(Answer Both Questions)**
Are you Hispanic?

☐ Yes   ☐ No

Check all races that apply.

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American *(non-Hispanic)*
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White *(non-Hispanic)*

EMPLOYMENT STATUS *(Check One)**
- ☐ Employed
- ☐ Unemployed (in labor force)
- ☐ Unemployed (not in labor force)

CURRENT STATUS *(Check All that Apply)*
- ☐ Community Correction Program
- ☐ Correctional Facility
- ☐ Disabled
- ☐ Homeless
- ☐ On Public Assistance
- ☐ Low Income Status
- ☐ Displaced Homemaker
- ☐ Single-parent Status
- ☐ Dislocated Worker
- ☐ Learning Disabled Adult

DOE AND LOCAL USE ONLY

STUDENT NO. _____

STUDENT EXIT DATE _____

PROGRAM TYPE:
- ☐ Distance Learning ☐ EL/Civics ☐ Family Literacy ☐ Fast Track GED
- ☐ GAE   ☐ Workplace Literacy
- ☐ Other Institutional Setting

PAYMENT INFORMATION *(If Applicable)*

DATE	AMOUNT	TYPE	NUMBER

TYPE: 1 – CASH; 2 – CHECK; 3 – CREDIT CARD; 4 – MONEY ORDER; 5 - OTHER

STUDENT LEARNING PLAN (SLP)

STUDENT NAME _____ SLP DATE _____

WITH THE HELP OF YOUR TEACHER OR OTHER ADULT EDUCATION STAFF, COMPLETE THE FOLLOWING LEARNING PLAN.

My goals for attending include the following:

_____

_____

_____

The strategies I will use to complete my goals include:

_____

_____

_____

The resources I need to complete my goals include:

_____

_____

_____

The way(s) I will demonstrate completing my goal(s):

_____

_____

_____

GOAL INFORMATION – DOE AND LOCAL USE ONLY	DATE		
PRIMARY NRS	**SET**	**TARGET**	**MET**
☐ Increase Educational Functioning Level			
☐ Obtain GED ☐ Scores Verified *(met only)* *			
☐ Adult H.S. Diploma			
☐ EDP Credential			
☐ Place in Post-secondary Education **			
☐ Enter Employment			
☐ Retain Employment			
SECONDARY NRS	**SET**	**TARGET**	**MET**
☐ Increase Involvement in Child's Education			
☐ Increase Involvement in Child's Literacy Activities			
STATE	**SET**	**TARGET**	**MET**
☐ Obtain Career Readiness Certificate (CRC)			
☐ Obtain Citizenship			

* GED TESTING NO. _____ **** POST-SECONDARY NO.** _____

LEARNER FOLLOW-UP ON GOAL ATTAINMENT

Follow-up with learners for goal attainment must occur within 30 days after learners' exit. Please document below.

Reviewer Initials _____ Follow-up Method _____ Date _____
Reviewer Initials _____ Follow-up Method _____ Date _____
Reviewer Initials _____ Follow-up Method _____ Date _____

STUDENT ASSESSMENT INFORMATION

STUDENT NAME _____ STUDENT NO. _____

NRS ACCOMMODATIONS

IDENTIFY ALL ACCOMMODATIONS GRANTED AND TEST-TAKING AIDES USED DURING TESTING.

APPROVED ACCOMMODATIONS
- ☐ Extended Time ____ 1½x ____ 2x
- ☐ Private Room
- ☐ Use of Calculator (Standard or Talking)
- ☐ One Test per Day
- ☐ Scribe
- ☐ Audio Version
- ☐ Braille Version
- ☐ Large Print Version

TEST-TAKING AIDES
- ☐ Magnifying Glasses/Lenses
- ☐ Overlays
- ☐ Straight-edge
- ☐ Adhesive notes/flags
- ☐ Highlighters

Certified Assessor Name _____ Assessment Date _____

Certified Assessor Name _____ Assessment Date _____

Certified Assessor Name _____ Assessment Date _____

NRS ASSESSMENT INFORMATION

NO.	DATE	TYPE	SUBJECT	FORM/LEVEL	PRE/POST	SCALE SCORE	EFL	ACCOM.
1								☐
2								☐
3								☐
4								☐
5								☐
6								☐
7								☐
8								☐
9								☐
10								☐
11								☐
12								☐

OPT Testing Information

Test	Date	Form	Scale Score	Passed	Date	Form	Scale Score	Passed
Language Arts – Writing				☐				☐
Social Studies				☐				☐
Science				☐				☐
Language Arts – Reading				☐				☐
Mathematics				☐				☐
Total				☐				☐

NON-NRS ASSESSMENT INFORMATION

NUMBER	DATE	TYPE	SUBJECT	FORM/LEVEL	PRE/POST	SCALE SCORE
1						
2						
3						
4						
5						

STUDENT ENROLLMENT & ATTENDANCE

STUDENT NAME _____   STUDENT NO. _____

ENROLLMENT

Class # _____	Start Date _____	End Date _____
Class # _____	Start Date _____	End Date _____
Class # _____	Start Date _____	End Date _____
Class # _____	Start Date _____	End Date _____
Class # _____	Start Date _____	End Date _____

ATTENDANCE – CONTACT HOURS

DAY	JUL.	AUG.	SEPT.	OCT.	NOV.	DEC.	JAN.	FEB.	MAR.	APR.	MAY	JUN.	TOTAL
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
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24													
25													
26													
27													
28													
29													
30													
31													
TOTAL													

I certify that the hours reported are correct and accurate.

Staff Signature _____   Date _____